

Enclosure 2

**ASSISTED OUTPATIENT TREATMENT DEMONSTRATION PROJECT ACT  
AB 1421, Chapter 1017, Statutes of 2002 DETAILED PROGRAM BUDGET**

SUBMISSION DATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_  
FISCAL CONTACT: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

STAFFING			
TITLE OF POSITION		FTE	
			Year 1 BUDGET
			Year 2 BUDGET
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12	<b>TOTAL STAFF EXPENSES (sum lines 1 thru 11)</b>	\$	-
13	Consultant Costs:		
14			
15			
16			
17	Equipment/Supplies:		
18			
19			
20			
21			
22	Training/Education:		
23			
24			
25			
26	Data Collection:		
27			
28			
29			
30	Other Expenses (Itemize):		
31			
32			
33			
34			
35			
36			
37	COUNTY ADMINISTRATIVE COSTS		
38	<b>TOTAL PROGRAM EXPENSES (sum lines 12 thru 37)</b>	\$	-